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|---|--|------------------------|----------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number | 3006-1783 |
| <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing – Unsigned <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required) | | First Named Inventor | Brian C. Case et al. |
| COMPLETE IF KNOWN | | | |
| | | Application Number | |
| | | Filing Date | September 29, 2005 |
| | | Art Unit | |
| | | Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe that the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PERCUTANEOUSLY DEPLOYED VASCULAR VALVES

(Title of the Invention)

The specification of which

 is attached hereto
OR was filed on (MM/DD/YYYY) 04/01/2004 as United States Application Number or PCT InternationalApplication Number PCT/US04/009971 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--|--|---|
| | | | | Yes | No |
| PCT/US2004/009971 | PCT | 04/1/2004 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/459,475 | 04/1/2003 | <input type="checkbox"/> |

| | | | | |
|---|------------|--|-------------|--|
| Direct all correspondence to: | | <input checked="" type="checkbox"/> Customer Number | 30565 | OR <input type="checkbox"/> Correspondence address below |
| Name | | | | |
| Address | | | | |
| City | | State | | ZIP |
| Country | | Telephone | | Fax |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | |
| Given Name (first and middle [if any]) | BRIAN C. | Family Name or Surname | CASE | |
| Inventor's Signature | | | Date | |
| Residence: City | State | Country | Citizenship | |
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| Mailing Address | | | | |
| 841 Rosewood Drive | | | | |
| City | State | ZIP | Country | |
| Bloomington | Indiana | 47404 | US | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | | |
| Given Name (first and middle [if any]) | CHARLES W. | Family Name or Surname | AGNEW | |
| Inventor's Signature | | | Date | |
| Residence: City | State | Country | Citizenship | |
| West Lafayette | Indiana | US | US | |
| Mailing Address | | | | |
| 30 Steuben Court | | | | |
| City | State | ZIP | Country | |
| West Lafayette | Indiana | 47906 | US | |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | |

ADDITIONAL INVENTOR(S)
Supplemental Sheet
PTO/SB/02A

| | | | |
|---|------------------|--|-------------------|
| NAME OF JOINT INVENTOR, IF ANY: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| JACOB A. | | FLAGLE | |
| Inventor's Signature | | Date | |
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| Mailing Address 4170 Bazil Avenue | | | |
| City Indianapolis | State Indiana | ZIP 46239 | Country US |
| NAME OF JOINT INVENTOR, IF ANY: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | ZIP | Country |
| NAME OF JOINT INVENTOR, IF ANY: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | ZIP | Country |
| NAME OF JOINT INVENTOR, IF ANY: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor. | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | ZIP | Country |